MDR: M5-02-5068-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

- 1. a. Whether there should be additional reimbursement for NCV testing.
 - b. The request was received on August 15, 2002.

II. EXHIBITS

- 1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
- 2. Respondent, Exhibit 2:
 - a. TWCC 60 and/or Response to a Request for Dispute Resolution
 - b. HCFA's
 - c. Audit summaries/EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
- 3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on September 20, 2002. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on September 23, 2002. The response from the insurance carrier was received in the Division on October 7, 2002. Based on 133.307 (i) the insurance carrier's response is timely.
- 4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

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III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated September 16, 2002 that... "...The issue in dispute is reimbursement for NCV and Reflex testing performed on 10/5/01. Carrier denied reimbursement for the services using code F.

Pursuant to p. 42 of the TWCC MFGs, NCV reimbursement includes the technical and professional components of the study – and are not required to be billed separately. The MFGs state that the professional and technical components **may** be billed separately using appropriate modifiers.

In this case, the NCV testing has been billed as a whole, and not separately. In its EOB, Carrier states that it has reimbursed us for only a single component. This is improper as the billing was not submitted with modifiers and has charged for the entire test.

Similarly, Carrier has reduced reimbursement for the reflex studies paying for only one component, where the services were not billed with a modifier.

The MFGs state: 'A maximum of six CPT codes can be reimbursed for the Hand F studies performed per patient on the same date of service.' ____ has billed for six such studies and no more. Therefore, it is in compliance with the Fee Guidelines and is entitled to additional reimbursement."

2. Respondent: The respondent states in correspondence dated October 7, 2002 that... "A review of the relevant documentation provided indicates the Requestor seeks additional reimbursement for EMG/NCV studies provided to the Claimant on October 5, 2001. The Requestor in this matter is a chiropractor seeking reimbursement for an EMG/NCV service. The Requestor maintains it is due reimbursement for the Whole Procedure – that is, both the technical and professional components of the study. Respondent asserts that the technical component of the EMG/NCV is beyond the scope of a chiropractor, hence is not reimbursable. Please note, in ___ (___, 7/18/01) the ALJ held that needle EMGs are not within the scope of chiropractic, and is thus does not merit reimbursement when performed by a chiropractor..."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is October 5, 2001.

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2. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (IV)(D) the NCV reimbursement included the technical and professional components of the study. The rule referenced goes on to say that if the professional or technical components are billed separately, the appropriate modifier, either modifier "-26" or "-27", shall be included; the requestor billed the correct CPT code for the NCV studies without using a modifier; therefore, requestor should be paid the full amount per the Medical Fee Guideline reference rule.

2. The following table identifies the disputed services and Medical Review Division's rationale:

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DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MAR\$ (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
10/05/01	95900 (4)	\$256.00	\$179.20	F	\$64/each nerve x 4 = \$256.00 - \$179.20 = \$76.80	MFG, MGR (IV)(D) 408.021(a)	Submitted NCV report supports services were rendered as billed. Additional reimbursement in the amount of \$76.80 is recommended.
10/05/01	95904 (2)	\$128.00	\$89.60	F	\$64/each nerve x 2 = \$128.00 - \$89.60 = \$38.40	MFG, MGR (IV)(D) 408.021(a)	Submitted NCV report supports services were rendered as billed. Additional reimbursement in the amount of \$38.40 is recommended.
10/05/01	95935 (6)	\$318.00	\$74.20	N, F	\$53.00/study x 6 = \$318.00 - \$74.20 = \$243.80	MFG, MGR (IV)(B) 408.021(a)	Submitted NCV report supports services were rendered as billed. Additional reimbursement in the amount of \$243.80 is recommended.
Totals		\$702.00	\$343.00				The Requestor is entitled to additional reimbursement in the amount of \$359.00

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$359.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 18^{th} day of February 2003.

Marguerite Foster Medical Dispute Resolution Officer Medical Review Division MF/mf